

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT  
ENFORCEMENT AND REMOVAL OPERATIONS  
ICE HEALTH SERVICE CORPS**

**TIMEFRAME FOR SUBMITTING MEDICAL INCIDENT REPORTS**

**IHSC Directive: 11-06  
ERO Directive Number: 11838.2  
Federal Enterprise Architecture Number: 306-112-002b  
Effective Date: 25 Mar 2016**

---

**By Order of the Acting Assistant Director  
Stewart D. Smith, DHSc/s/**

---

- 1. PURPOSE:** To set forth the policies and procedures for the timeframes in which IHSC staff must submit detainee medical incident reports to the Medical Quality Management Unit (MQMU). The responsible health staff promotes patient safety systems to prevent adverse and near miss clinical events. MQMU implements a reporting system for health staff to voluntarily report, in a non-punitive environment, adverse and near miss events that affect patient safety.
- 2. APPLICABILITY:** This directive applies to all IHSC staff, including but not limited to, Public Health Service (PHS) officers and civil service employees supporting health care operations in ICE-owned or contracted detention facilities and to IHSC Headquarters (HQ) staff. This directive also applies to contract staff when supporting IHSC in detention facilities and at HQ.
- 3. AUTHORITIES AND REFERENCES:**
  - 3-1.** Title 8, Code of Federal Regulations, Section 235.3 (8 CFR § 235.3), Inadmissible Aliens and Expedited Removal.
  - 3-2.** Section 232 of the Immigration and Nationality Act (8 USC § 1222), Detention of aliens for physical and mental examination.
  - 3-3.** Title 8, Code of Federal Regulations, Section 232 (8 CFR § 232), Detention of Aliens for Physical and Mental Examination.
  - 3-4.** Section 322 of the Public Health Service Act (42 USC § 249(a)), Medical Care and Treatment of Quarantined and Detained Persons.
  - 3-5.** Title 42, U.S. Code, Public Health Service Act, Section 252 (42 USC § 252); Medical Examination of Aliens.

- 3-6. Medical Quality Management Directive; DHS MD Number 248-01 (October 2, 2009).
  - 3-7. Medical Quality Management Instruction; DHS Instruction Number 248-01-001 (September 10, 2012).
  - 3-8. Public Law 91-596, Occupational Safety and Health Act (OSH Act) of 1970.
  - 3-9. Title 29, Code of Federal Regulations, Section 1904, [OSHA Injury and Illness Recordkeeping and Reporting Requirements \(29 CFR § 1904\)](#).
  - 3-10. Privacy Act of 1974, 5 U.S.C. §552a, as amended
4. **POLICY:** IHSC health staff must submit the Incident Reporting Document (IHSC-010) to the MQMU Unit via SharePoint <https://team.ice.dhs.gov/sites/ihsc/mqmu/SitePages/MQMUInfo.aspx#rm>, per the incident acuity levels timeframes described below, when a detainee medical incident occurs.
- Note:** Employee injuries, illnesses, or deaths are recorded and reported per requirements specified in IHSC Directive 05-02, Occupational Health, and the IHSC Employee Health Guide and must follow Public Law 91-596 and 29 CFR 1904, [OSHA Injury and Illness Recordkeeping and Reporting Requirements](#).
- 4-1. Health staff reports detainee medical incidents using IHSC Form 010 according to the requirements listed in the following classification levels.
- a. **Level 1** (*submitted to MQMU HQ within 24 hours*): Incidents in this category include:
    - (1) Detainee death in any setting, including a setting where the detainee receives around-the-clock supervision;
    - (2) Any detainee, regardless of the setting;
    - (3) Surgery/invasive procedure on a detainee on the wrong body part;
    - (4) A detainee death, paralysis or other major loss of function associated with a medication error or other medical care delivery error;

- (5) A fall or other accident involving a detainee that results in death or major permanent loss of function as a direct result of injuries sustained in the fall or accident.

**b. Level 2** (*submitted to MQMU within 72 hours*): Incidents in this category include:

- (1) Medication errors that do not result in a detainee death or major loss of function;
- (2) A detainee death not within 24 hours, that is attributed to the natural course of an illness or underlying condition for which a detainee had received treatment;
- (3) A detainee injury that necessitates a referral to the local hospital;
- (4) A Level 3 incident (described below) with exacerbated symptoms after the initial incident;
- (5) Medical clinic incidents of an administrative nature (e.g. sharps or narcotic counts, misplacement of patient information). These incidents will usually be categorized as "Other" on the Incident Reporting Document).

**c. Level 3:** (*Report maintained and reviewed locally.*) Incidents in this category include:

- (1) Detainee injuries that occur in the facility's recreation, kitchen, dining, bathing or living areas that require no more than basic first aid such as wound cleaning, covering, heat or cold therapy, non-prescription medication, or rehydration due to heat stress.
- (2) The Health Services Administrator (HSA) reviews and submits information on Level 3 reports for trends, if requested.
- (3) The Public Health, Safety and Preparedness (PHSP) Unit periodically requests information from the HSA regarding Level 3 incidents.



**5. PROCEDURES:**

- 5-1. IHSC health staff discovering or witnessing the incident must notify the HSA and complete an incident report per timeframes listed under 4-1.
- 5-2. The HSA and Clinical Director must review the incident report and provide updates per timeframes listed under 4-1.
- 5-3. The HSA must transmit the incident report to the MQMU via the SharePoint site within the timeframes listed under 4-1:

(b)(7)(E)

- 5-4. MQMU risk management staff must review the submitted incident report, provide direction or corrective action within 3 calendar days of receipt of the incident report.
  - 5-5. MQMU shares incident information with the PHSP Unit upon request for the purposes of Safety, Infection Prevention and Control (SIPC) Program.
6. **HISTORICAL NOTES:** This directive replaces the policy 11-06, *Timeframe for submission of medical incident reports*, dated 1 July 2014. Changes to location for submission of incident reports and addition of Privacy Act reference. Also:
- 4.1.a.6 Deleted from previous policy; employee health data report to PHSP
  - 4.1.b.8 Deleted from previous policy; employee health data report to PHSP
7. **DEFINITIONS.** See definitions for this policy in the IHSC Glossary located on SharePoint.
8. **APPLICABLE STANDARDS:**

**8-1. Performance Based National Detention Standards (PBNDS):**

- a. 1.2, *Environmental Health and Safety*.
- b. 2.11, *Sexual Abuse and Assault Prevention and Intervention*.
- c. 4.3, *Medical Care*.
- d. 4.6, *Significant Self-harm and Suicide Prevention and Intervention*.

**8-2. American Correctional Association (ACA):**

- a. Performance-Based Standards for Adult Local Detention Facilities, 4<sup>th</sup> edition: 4 ALDF-4D-24, *Health Care Internal Review and Quality Assurance*.

- b. Standards for Adult Correctional Institutions, 4<sup>th</sup> edition: 4-4409, *Statistical Reports*.
- c. Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions: 1-HC-4A-02, *Statistical Reports*.

**8-3. National Commission on Correctional Health Care (NCCHC):**  
Standards for Health Services in Jails, 2014: JB-02, *Patient Safety*.

- 9. **PRIVACY AND RECORDKEEPING.** IHSC maintains records generated as provided in this policy in accordance with applicable DHS Policy and the Alien Health Records System of Records Notice, 80 Fed. Reg. 239 (January 5, 2015).
- 10. **NO PRIVATE RIGHT STATEMENT.** This directive is an internal policy statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.